PART B - FEE(S) TRANSMITTAL

ad send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Complete Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (571)-273-2885 NOV 2 6 2007 or Fax

INSTRUCTION. This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate that in the correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as inflavorable that is corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for including the patent, advance orders and notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

28284

APPLICATION NO.

09/783,236

7590

10/25/2007

SECOND SIGHT MEDICAL PRODUCTS, INC. 12744 SAN FERNANDO ROAD **BUILDING 3** SYLMAR, CA 91342

FILING DATE

02/13/2001

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

l.		ntz	(Depositor a azino)		
		Deanna Fintz		(Signature)	
	100		11/26/0	(Date)	
ST NAMED INVENT	OR	ATTORNEY DOCKET	NO. CONFIRM	MATION NO.	
Robert J. Greenberg		\$133-USA	,	1573	

TITLE OF INVENTION: IMPLANTABLE RETINAL ELECTRODE ARRAY CONFIGURATION FOR MINIMAL RETINAL DAMAGE AND METHOD OF REDUCING RETINAL STRESS

FIRST NAMED INVI

APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	YES	\$720	\$300	so \$1020 01/25/2008				
EXAMINER ART UNIT		ART UNIT	CLASS-SUBCLASS	11/27/2007 NNGUYEN2 00000026 500922 09783236				
EVANISKO, GEORGE ROBERT 3762		607-116000	01 FC:2501	720.00 DA				
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).      Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.      "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
(A) NAME OF ASSI	GNEE GHT MEDICAL	PRODUCTS, I	data will appear on the p T a substitute for filing an (B) RESIDENCE: (CITY INC., SYLMAR, rinted on the patent):	and STATE OR COUNT CALIFORNIA	(USA)			
4a. The following fec(s)  Issue Fee	are submitted: No small entity discount	41	b. Payment of Fee(s): (Plea A check is enclosed. Payment by credit can		viously paid issue fee sh	own above)		
a. Applicant clait	ntus (from status indicate ns SMALL ENTITY stat nd Publication Fee (if records of the United St	us. See 37 CFR 1.27.		ger claiming SMALL EN	TITY status. Sec 37 CFF attorney or agent; or the	t 1.27(g)(2).		
Authorized Signature	1	Laylan.		Date	NOV 2 6 2007			
Typed or printed par	ne Tomas Lan	dwai Ph.D:		Registration No. 5	7.488			

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO.NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PAGE 2/2 \* RCVD AT 11/26/2007 6:48:40 PM [Eastern Standard Time] \* SVR:USPTO-EFXRF-6/12 \* DNIS:2732885 \* CSID:818 833 5080 \* DURATION (mm-ss):01-16